

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
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PATENT NUMBER

## U.S. UTILITY Patent Application

PATENT DATE

SCANNED

**O.I.P.E.**

**D. A.**

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| APPLICATION NO.<br>09/697770 | CONT/PRIOR<br>D | CLASS<br>455 | SUBCLASS<br>562 | ART UNIT<br>2683 | EXAMINER<br><i>Armstrong</i> |
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## APPLICANTS

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## Эпиграф

Cellular base station augmentation

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>  |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.   | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____ (Assistant Examiner) _____ (Date)<br><br>_____ (Primary Examiner) _____ (Date) |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br><br>_____<br><br>_____   |  |             |            | <b>ISSUE FEE</b>                  |                      |
|   |  |             |            | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal ____ months of<br>this patent have been disclaimed.   | _____ (Legal Instruments Examiner) _____ (Date)                                      |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
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